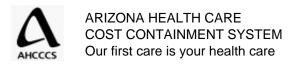
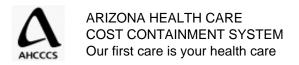


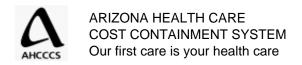
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
	OCULAR PHOTOSCREENING WITH			
99174	INTERPRETATION AND REPORT, BILATERAL	BR	BR	1/1/2008
00111	OFFICE OR OTHER OUTPATIENT	5.1	511	17 172000
	VISIT FOR THE EVALUATION AND			
99201	MANAGEMENT OF A NEW PATI	\$35.61	\$21.86	10/1/2008
	OFFICE OR OTHER OUTPATIENT			
00000	VISIT FOR THE EVALUATION AND	# 04.04	# 40.04	40/4/0000
99202	MANAGEMENT OF A NEW OFFICE OR OTHER OUTPATIENT	\$61.21	\$42.24	10/1/2008
	VISIT FOR THE EVALUATION AND			
99203	MANAGEMENT OF A NEW	\$89.73	\$64.86	10/1/2008
00200	OFFICE OR OTHER OUTPATIENT	400.1.0	ψοσσ	. 0, 1, 2000
	VISIT FOR THE EVALUATION AND			
99204	MANAGEMENT OF A NEW	\$136.92	\$107.98	10/1/2008
	OFFICE OR OTHER OUTPATIENT			
	VISIT FOR THE EVALUATION AND			
99205	MANAGEMENT OF A NEW	\$172.00	\$140.43	10/1/2008
	OFFICE OR OTHER OUTPATIENT			
99211	VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	\$19.42	\$8.30	10/1/2008
99211	OFFICE OR OTHER OUTPATIENT	φ19. 4 2	φο.30	10/1/2006
	VISIT FOR THE EVALUATION AND			
99212	MANAGEMENT OF AN	\$36.72	\$21.86	10/1/2008
	OFFICE OR OTHER OUTPATIENT	400	Ψ=1.00	
	VISIT FOR THE EVALUATION AND			
99213	MANAGEMENT OF AN	\$59.03	\$41.59	10/1/2008
	OFFICE OR OTHER OUTPATIENT			
	VISIT FOR THE EVALUATION AND			
99214	MANAGEMENT OF AN	\$88.74	\$64.98	10/1/2008
	OFFICE OR OTHER OUTPATIENT			
00045	VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	¢400.04	ድርስ በር	40/4/0000
99215	OBSERVATION CARE DISCHARGE	\$120.01	\$93.28	10/1/2008
	DAY MANAGEMENT (THIS CODE IS			
99217	TO BE UTILIZED BY THE PH	\$64.10	\$64.10	10/1/2008
	INITIAL OBSERVATION CARE, PER	\$2.110	ψοιο	. 5, ., 2000
	DAY, FOR THE EVALUATION AND			
99218	MANAGEMENT OF A PATIEN	\$60.41	\$60.41	10/1/2008
	INITIAL OBSERVATION CARE, PER			
	DAY, FOR THE EVALUATION AND		_	
99219	MANAGEMENT OF A	\$99.29	\$99.29	10/1/2008



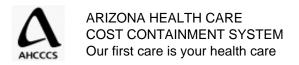
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$139.70	\$139.70	10/1/2008
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT W	\$84.29	\$84.29	10/1/2008
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$116.01	\$116.01	10/1/2008
	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND	*		
99223	MANAGEMENT OF A PATIENT, SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND	\$170.44	\$170.44	10/1/2008
99231	MANAGEMENT OF A PATIEN SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND	\$35.12	\$35.12	10/1/2008
99232	MANAGEMENT OF A SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND	\$62.73	\$62.73	10/1/2008
99233	MANAGEMENT OF A OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE	\$89.96	\$89.96	10/1/2008
99234	EVALUATION AND MANAGEMENT OF A P	\$121.15	\$121.15	10/1/2008
	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF			
99235	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE	\$159.70	\$159.70	10/1/2008
99236	EVALUATION AND MANAGEMENT OF A	\$198.62	\$198.62	10/1/2008
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$64.14	\$64.14	10/1/2008
00230	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	\$02.00	\$92.09	
99239	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH	\$92.09		10/1/2008
99241	REQUIRES THESE THREE	\$47.27	\$31.27	10/1/2008



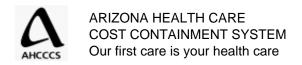
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
	OFFICE CONSULTATION FOR A NEW			
00040	OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	<u></u>	ድርር 07	40/4/0000
99242	OFFICE CONSULTATION FOR A NEW	\$87.87	\$65.97	10/1/2008
	OR ESTABLISHED PATIENT, WHICH			
99243	REQUIRES THESE	\$120.58	\$91.98	10/1/2008
33 <u>Z</u> +0	OFFICE CONSULTATION FOR A NEW	Ψ120.00	ψ51.50	10/1/2000
	OR ESTABLISHED PATIENT, WHICH			
99244	REQUIRES THESE	\$176.84	\$144.16	10/1/2008
00211	OFFICE CONSULTATION FOR A NEW	ψ17 0.0 1	Ψσ	10/1/2000
	OR ESTABLISHED PATIENT, WHICH			
99245	REQUIRES THESE	\$218.24	\$181.10	10/1/2008
	INPATIENT CONSULTATION FOR A	·		
	NEW OR ESTABLISHED PATIENT,			
99251	WHICH REQUIRES THESE TH	\$45.32	\$45.32	10/1/2008
	INPATIENT CONSULTATION FOR A			
	NEW OR ESTABLISHED PATIENT,			
99252	WHICH REQUIRES THESE TH	\$72.06	\$72.06	10/1/2008
	INPATIENT CONSULTATION FOR A			
	NEW OR ESTABLISHED PATIENT,			
99253	WHICH REQUIRES THESE TH	\$107.56	\$107.56	10/1/2008
	INPATIENT CONSULTATION FOR A			
	NEW OR ESTABLISHED PATIENT,			
99254	WHICH REQUIRES THESE TH	\$155.20	\$155.20	10/1/2008
	INPATIENT CONSULTATION FOR A			
	NEW OR ESTABLISHED PATIENT,			
99255	WHICH REQUIRES THESE TH	\$191.35	\$191.35	10/1/2008
	EMERGENCY DEPARTMENT VISIT			
00004	FOR THE EVALUATION AND	040.07	# 40.07	40/4/0000
99281	MANAGEMENT OF A PATIENT, WHICH	\$19.27	\$19.27	10/1/2008
	EMERGENCY DEPARTMENT VISIT			
00000	FOR THE EVALUATION AND	ተ ገር ገጋ	ድርር ጋር	40/4/0000
99282	MANAGEMENT OF A PATIENT,	\$36.33	\$36.33	10/1/2008
	EMERGENCY DEPARTMENT VISIT			
99283	FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$58.54	\$58.54	10/1/2008
JJ203	EMERGENCY DEPARTMENT VISIT	φυο.υ4	φυο.54	10/1/2008
	FOR THE EVALUATION AND			
99284	MANAGEMENT OF A PATIENT,	\$108.13	\$108.13	10/1/2008
JJ2U 1	EMERGENCY DEPARTMENT VISIT	ψ100.13	ψ100.13	10/1/2000
	FOR THE EVALUATION AND			
99285	MANAGEMENT OF A PATIENT,	\$161.41	\$161.41	10/1/2008



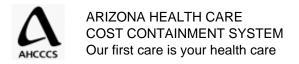
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
99288	PHYSICIAN DIRECTION OF EMERGENCY MEDICAL SYSTEMS (EMS) EMERGENCY CARE, ADVANCED	\$42.00	\$42.00	5/1/2004
99291	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJ	\$248.17	\$202.51	10/1/2008
99292	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY	\$110.91	\$101.62	10/1/2008
99304	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$75.56	\$75.56	10/1/2008
99305	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$105.08	\$105.08	10/1/2008
99306	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$134.56	\$134.56	10/1/2008
99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$37.36	\$37.36	10/1/2008
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$57.36	\$57.36	10/1/2008
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$76.59	\$76.59	10/1/2008
99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$112.13	\$112.13	10/1/2008
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$55.84	\$55.84	10/1/2008
99316	NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	\$72.82	\$72.82	10/1/2008



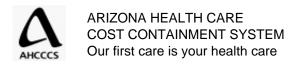
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
	EVALUATION AND MANAGEMENT OF			
99318	A PATIENT INVOLVING AN ANNUAL NURSING FACILITY ASSE	\$78.99	\$78.99	10/1/2000
99310	DOMICILIARY OR REST HOME VISIT	φ/0.99	\$70.99	10/1/2008
	FOR THE EVALUATION AND			
99324	MANAGEMENT OF A NEW PATIEN	\$52.75	\$52.75	10/1/2008
	DOMICILIARY OR REST HOME VISIT		*	
	FOR THE EVALUATION AND			
99325	MANAGEMENT OF A NEW PATIEN	\$76.55	\$76.55	10/1/2008
	DOMICILIARY OR REST HOME VISIT			
	FOR THE EVALUATION AND			
99326	MANAGEMENT OF A NEW PATIEN	\$124.24	\$124.24	10/1/2008
	DOMICILIARY OR REST HOME VISIT			
	FOR THE EVALUATION AND	_		
99327	MANAGEMENT OF A NEW PATIEN	\$161.26	\$161.26	10/1/2008
	DOMICILIARY OR REST HOME VISIT			
	FOR THE EVALUATION AND	* 400 * 4	* 4 0 0 - 4	40/4/0000
99328	MANAGEMENT OF A NEW PATIEN	\$190.74	\$190.74	10/1/2008
	DOMICILIARY OR REST HOME VISIT			
00224	FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	የ ደጋ 02	የ ደረ በረ	10/1/2008
99334	DOMICILIARY OR REST HOME VISIT	\$52.83	\$52.83	10/1/2008
	FOR THE EVALUATION AND			
99335	MANAGEMENT OF AN ESTABLISH	\$81.20	\$81.20	10/1/2008
33000	DOMICILIARY OR REST HOME VISIT	ψ01.20	ψ01.20	10/1/2000
	FOR THE EVALUATION AND			
99336	MANAGEMENT OF AN ESTABLISH	\$115.18	\$115.18	10/1/2008
	DOMICILIARY OR REST HOME VISIT	•	***************************************	
	FOR THE EVALUATION AND			
99337	MANAGEMENT OF AN ESTABLISH	\$165.07	\$165.07	10/1/2008
	INDIVIDUAL PHYSICIAN SUPERVISION			
	OF A PATIENT (PATIENT NOT			
99339	PRESENT) IN HOME, DOM	\$65.59	\$65.59	10/1/2008
	INDIVIDUAL PHYSICIAN SUPERVISION			
00040	OF A PATIENT (PATIENT NOT	#04.04	#04.04	40/4/0000
99340	PRESENT) IN HOME, DOM	\$91.64	\$91.64	10/1/2008
	HOME VISIT FOR THE EVALUATION			
99341	AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES TH	\$52.41	\$52.41	10/1/2008



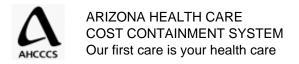
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
	HOME VISIT FOR THE EVALUATION			
99342	AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	\$76.55	\$76.55	10/1/2008
00012	HOME VISIT FOR THE EVALUATION	ψ1 0.00	ψ1 0.00	10/1/2000
	AND MANAGEMENT OF A NEW			
99343	PATIENT, WHICH REQUIRES	\$121.19	\$121.19	10/1/2008
	HOME VISIT FOR THE EVALUATION			
00044	AND MANAGEMENT OF A NEW	#450.50	#450.50	40/4/0000
99344	PATIENT, WHICH REQUIRES HOME VISIT FOR THE EVALUATION	\$158.59	\$158.59	10/1/2008
	AND MANAGEMENT OF A NEW			
99345	PATIENT, WHICH REQUIRES	\$190.74	\$190.74	10/1/2008
	,	Ţ.oca	* 10011 1	
	HOME VISIT FOR THE EVALUATION			
	AND MANAGEMENT OF AN			
99347	ESTABLISHED PATIENT, WHICH RE	\$50.16	\$50.16	10/1/2008
	HOME VISIT FOR THE EVALUATION			
00040	AND MANAGEMENT OF AN	Ф 7 Г 40	Ф7 Г 40	40/4/0000
99348	ESTABLISHED PATIENT, WHICH HOME VISIT FOR THE EVALUATION	\$75.49	\$75.49	10/1/2008
	AND MANAGEMENT OF AN			
99349	ESTABLISHED PATIENT, WHICH	\$110.26	\$110.26	10/1/2008
	HOME VISIT FOR THE EVALUATION	Ţ!!!	***************************************	10.07=000
	AND MANAGEMENT OF AN			
99350	ESTABLISHED PATIENT, WHICH	\$154.44	\$154.44	10/1/2008
	PROLONGED PHYSICIAN SERVICE IN			
	THE OFFICE OR OTHER OUTPATIENT			
99354	SETTING REQUIRING	\$88.63	\$83.79	10/1/2008
	EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE			
99355	FOR PROLONGED PH	\$87.18	\$81.96	10/1/2008
33333	PROLONGED PHYSICIAN SERVICE IN	ψ07.10	ψ01.90	10/1/2000
	THE INPATIENT SETTING, REQUIRING			
99356	UNIT/FLOOR TIME	\$80.82	\$80.82	10/1/2008
	PROLONGED PHYSICIAN SERVICE IN			
	THE INPATIENT SETTING, REQUIRING			
99357	UNIT/FLOOR TIME	\$81.16	\$81.16	10/1/2008
	PROLONGED EVALUATION AND			
00050	MANAGEMENT SERVICE BEFORE	000 50	#00 F0	40/4/0000
99358	AND/ OR AFTER DIRECT (FACE-TO	\$92.59	\$92.59	10/1/2008
	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE			
99359	AND/OR AFTER DIRECT	\$44.60	\$44.60	10/1/2008



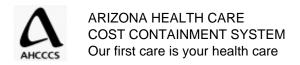
PROC	RS/DFARS apply. DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
99360	PHYSICIAN STANDBY SERVICE, REQUIRING PROLONGED PHYSICIAN ATTENDANCE, EACH 30 MIN	\$52.56	\$52.56	10/1/2008
99363	ANTICOAGULANT MANAGEMENT FOR AN OUTPATIENT TAKING WARFARIN, PHYSICIAN REVIEW AND	\$106.00	\$71.83	10/1/2008
99364	ANTICOAGULANT MANAGEMENT FOR AN OUTPATIENT TAKING WARFARIN, PHYSICIAN REVIEW AND	\$36.49	\$27.57	10/1/2008
99367	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS	\$48.03	\$48.03	10/1/2008
99368	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS	\$31.00	\$31.00	10/1/2008
99374	PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT NOT	\$61.74	\$51.34	10/1/2008
99375	PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT PHYSICIAN SUPERVISION OF A	\$103.10	\$96.40	10/1/2008
99377	HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING PHYSICIAN SUPERVISION OF A	\$61.74	\$51.34	10/1/2008
99378	HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING PHYSICIAN SUPERVISION OF A	\$110.53	\$103.83	10/1/2008
99379	NURSING FACILITY PATIENT (PATIENT NOT PRESENT) PHYSICIAN SUPERVISION OF A	\$61.40	\$51.00	10/1/2008
99380	NURSING FACILITY PATIENT (PATIENT NOT PRESENT)	\$92.32	\$79.72	10/1/2008
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$94.16	\$58.00	10/1/2007



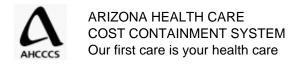
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$101.85	\$67.33	10/1/2008
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$100.26	\$67.33	10/1/2008
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$109.09	\$75.79	10/1/2008
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$109.09	\$75.79	10/1/2008
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$127.63	\$93.15	10/1/2008
99387	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$138.89	\$101.24	10/1/2008
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN IND	\$75.38	\$50.42	10/1/2008
99392	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN IND	\$84.24	\$58.87	10/1/2008
99393	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN IND	\$83.43	\$58.87	10/1/2008
99394	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN IND	\$91.52	\$67.33	10/1/2008



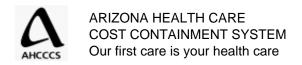
DD 0.6	5-000/5-01/	NON FAC	FAC RATE	
PROC	DESCRIPTION	RATE 2009	2009	EFF DATE
	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE			
99395	REEVALUATION AND MANAGEMENT OF AN IND	\$92.33	\$67.33	10/1/2008
	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT			
99396	OF AN IND PERIODIC COMPREHENSIVE	\$101.16	\$75.79	10/1/2008
99397	PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN IND	\$112.83	\$84.69	10/1/2008
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROV	¢24.54	\$21.94	10/1/2009
99401	INTERVENTION(3) PROV	\$34.54	\$∠1.94	10/1/2008
99402	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$58.35	\$44.60	10/1/2008
	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION			
99403	INTERVENTION(S)	\$81.73	\$67.26	10/1/2008
99404	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$104.82	\$89.58	10/1/2008
33404	PREVENTIVE MEDICINE COUNSELING	ψ104.02	ψ09.50	10/1/2000
99411	AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROV	\$12.72	\$7.16	10/1/2008
	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION			
99412	INTERVENTION(S)	\$18.02	\$11.69	10/1/2008
	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT (EG,			
99420	HEAL UNLISTED PREVENTIVE MEDICINE	\$8.53	\$8.53	10/1/2008
99429	SERVICE	BR	BR	1/1/1992



PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABL	\$12.42	\$11.31	10/1/2008
99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABL	\$22.66	\$21.56	10/1/2008
99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABL	\$33.63	\$32.53	10/1/2008
99460	Initial hospital or birthing center care, per day, for evaluation and management	\$53.64	\$53.64	1/1/2009
99461	Initial care, per day, for evaluation and management of normal newborn infant se	\$82.28	\$60.37	1/1/2009
99462	Subsequent hospital care, per day, for evaluation and management of normal newbo	\$28.72	\$28.72	1/1/2009
99463	Initial hospital or birthing center care, per day, for evaluation and management	\$72.10	\$72.10	1/1/2009
99464	Attendance at delivery (when requested by the delivering physician) and initial	\$67.27	\$67.27	1/1/2009
99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation	\$138.56	\$138.56	1/1/2009
99466	Critical care services delivery by a physican, face-to-face, during an interfaci	\$221.27	\$221.27	1/1/2009
99467	Critical care services delivery by a physican, face-to-face, during an interfaci	\$110.26	\$110.26	1/1/2009
99468	Initial inpatient neonatal critical care, per day, for the evaluation and manage	\$828.50	\$828.50	1/1/2009
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and man	\$361.61	\$361.61	1/1/2009



PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
99471	Initial inpatient pediatric critical care, per day, for the evaluation and manag	\$741.80	\$741.80	1/1/2009
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and ma	\$366.24	\$366.24	1/1/2009
99475	Initial inpatient pediatric critical care, per day, for the evaluation and manag	\$510.70	\$510.70	1/1/2009
99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and ma	\$302.91	\$302.91	1/1/2009
99477	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE NEONATE	\$319.55	\$319.55	10/1/2008
99478	Subsequent intensive care, per day, for the evaluation and management of the rec	\$132.02	\$132.02	1/1/2009
99479	Subsequent intensive care, per day, for the evaluation and management of the rec	\$115.86	\$115.86	1/1/2009
99480	Subsequent intensive care, per day, for the evaluation and management of the rec	\$111.33	\$111.33	1/1/2009
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE CERVICAL OR VAGINAL CANCER	BR	BR	1/1/1992
G0101	SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	\$34.51	\$34.51	10/1/2008
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION GLAUCOMA SCREENING FOR HIGH	\$19.42	\$8.30	10/1/2008
G0117	RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR	\$44.37	\$44.37	10/1/2008
G0118	GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT SUPERVISION	\$29.97	\$29.97	10/1/2008
G0175	SCHEDULED INTERDISCIPLINARY TEAM CONFERENCE (MINIMUM OF THREE EXCLUSIVE OF	BR	BR	1/1/2001



PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
G0179	PHYSICIAN RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A	\$45.11	\$45.11	10/1/2008
G0180	PHYSICIAN CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A HOME	\$59.04	\$59.04	10/1/2008
G0245	INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC	\$62.65	\$43.15	10/1/2008
G0246	FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH	\$37.46	\$22.16	10/1/2008
G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY	\$40.96	\$24.87	10/1/2008
G0250	PHYSICIAN REVIEW, INTERPRETATION, AND PATIENT MANAGEMENT OF HOME INR TESTING FOR	\$9.34	\$9.34	10/1/2008
G0337	HOSPICE EVALUATION AND COUNSELING SERVICES, PRE-ELECTION	\$65.28	\$65.28	10/1/2008
S0270	PHYSICIAN MGT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS)	BR	BR	4/1/2007
S0271	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAY	BR	BR	4/1/2007
S0272	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE 30 DA	BR	BR	4/1/2007